

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	2					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	2					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	15					
TOTAL DEP.	37	→	↓	↓	↓	↓
TOTAL CLAIMS	52					

TOTAL

IND.

8

TOTAL

DEP.

1

TOTAL

CLAIMS

9

BEST AVAILABLE COPY